

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	2					
5	2					
6						
7	2					
8	1					
9	1					
10	2					
11	1					
12	2					
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TOTAL IND.	3					
TOTAL DEP.	30					
TOTAL CLAIMS	33					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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